

**PERFORMANCE MANAGEMENT BRANCH (PMB)
COUNTY MONITORING CHECKLIST**

EXHIBIT 1

DESK REVIEW

COUNTY:

Identify your county by size (MBA, Small, Medium or Large): _____

CONTACT PERSON AND PHONE NUMBER:

DATE PREPARED:

Period of Review: State Fiscal Year 2006 – 2007

The purpose of this monitoring tool is to review county fiscal and program systems and to provide assistance in the following areas:

- Substance Abuse Prevention and Treatment (SAPT) Block Grants requirement compliance;
- Combined Negotiated Net Amount/Drug Medi-Cal (NNA/DMC) County/State contract requirement compliance;
- Provide technical assistance, training for the NNA/DMC contract process;
- Discuss any county issues and concerns; and
- Enhance a collaborative effort between the State and counties.

The monitoring tool questions are based on, but not limited to, the following State and federal regulations and requirements:

- Title 45, Code of Federal Regulations (CFR), Part 96 (45CFR96) SAPT Block Grant Regulations
- Title 42 CFR Part 2 - Confidentiality of Alcohol and Drug Abuse Patient Data
- Title 42 CFR Part 54 – Charitable Choice Regulations; ADP Bulletin 04-5 and Attachments
- Americans With Disabilities Act (ADA) Title 45, CFR, Part 84
- NNA/DMC Contract

Please provide electronic copies of the following documents:

Completed PMB Monitoring Checklist

AOD organizational chart(s), including relationship of AOD to the County's hierarchy of public health services.

Other documents may be requested during the course of the review.

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**Merged County Alcohol and Other Drug (AOD) and Mental
Health (MH) Departments**

NOTE: Complete this section ONLY if there have been changes to your organizational structure since the last review.

Does your County operate its AOD services under a merged AOD/MH department?

If yes, what were the business reasons for creating a merged department?

If county is not a merged department, are there plans to do so?

To whom does the AOD Administrator report? (Please identify on organizational chart.)

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**This page is to be used for follow up to outstanding
issues/concerns noted at prior site visit or current
issues/concerns.**

NOTE: TOPICS TO BE FILLED IN BY ADP ANALYST AS NEEDED.

Topics for follow-up:

- 1.**
- 2.**
- 3.**
- 4.**

County shall provide response to each topic listed. Please provide current status, corrective actions taken, change in plans, and the estimated date of which these items were or will be resolved.

**PERFORMANCE MANAGEMENT BRANCH (PMB)
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FISCAL

1. Does the County anticipate that it will be **unable to fully expend** its SAPT funds and will **return funds to the State**? If so, how much in the following areas?

a) PERINATAL SET-ASIDE AMOUNT TO BE RETURNED: \$ _____

BARRIERS TO EXPENDITURE:

b) PREVENTION SET-ASIDE AMOUNT TO BE RETURNED: \$ _____

BARRIERS TO EXPENDITURE:

c) HIV SET-ASIDE AMOUNT TO BE RETURNED: \$ _____

BARRIERS TO EXPENDITURE:

d) ADOLESCENT/YOUTH TREATMENT AMOUNT TO BE RETURNED: \$ _____

BARRIERS TO EXPENDITURE:

2. Does the County anticipate any unexpended current fiscal year SGF? If so, list the amount, regular and/or perinatal. Define barriers to expenditure of each if applicable.

UNEXPENDED REGULAR SGF: \$ _____

BARRIERS TO EXPENDITURE:

UNEXPENDED PERINATAL SGF: \$ _____

BARRIERS TO EXPENDITURE:

3. How does the County ensure that unexpended SGF dollars from a prior fiscal year are expended appropriately? (Reference ADP Bulletin 01-5 and NNA Contract Exhibit C, Article III, H.2(d); carryover funds can be used for no other purpose than the provision of alcohol and drug prevention and treatment services.)

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SET-ASIDE

4. What services and policies does the County have in place to ensure compliance with the SAPT BG requirements regarding expenditure of HIV Set-Aside dollars?

Describe the specific activities that are funded with HIV Set-Aside dollars, e.g., paying the salary and benefits of an HIV counselor, purchasing test kits, contracting out for services, etc. (Reference: 45 CFR, Parts 96.128 and 96.121 and ADP Bulletin 04-12)

45CFR96 states:

- (A) Services are voluntary and with the informed consent of the individual receiving the services.**
- (B) There is pre-test counseling.**
- (C) Testing is made available at the treatment site.**
- (D) There is post-test counseling.**
- (E) There is a provision of therapeutic measures for preventing and treating conditions arising from the disease.**
- (F) There are linkages with a community resource network of health and social service organizations.**

5. a. What services and policies does the County have in place to ensure compliance with the SAPT BG requirements regarding expenditure of funds for perinatal services? {Reference: 45 CFR, Section 96.124(e)(1-5)} Please provide for review electronic copies of perinatal program protocols or other documentation that illustrate how the SAPT Block Grant perinatal requirements are met.
- b. In bullet format, please describe a week in the life of a new perinatal client in AOD treatment in your county. Begin with referral and/or intake and describe each step with a sentence or two to show that you have procedures and practices in place to meet the requirements of the SAPT Block Grant funding. Use simple language that would be clear to a person not familiar with the AOD field.

45CFR96 states:

All programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate.

At a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:

- (1) primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;***
- (2) primary pediatric care, including immunization, for their children;***
- (3) gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;***
- (4) therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and***
- (5) sufficient case management and transportation to ensure that women and their children have access to services provided by paragraphs (e) (1) through (4) of this section.***

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INTERIM SERVICES

6. What services and policies does the County have in place to ensure compliance with the SAPT BG requirements regarding the provision of interim services to perinatal and IVUD clients? (Reference: 45 CFR, Sections 96.126 and 96.131)

45CFR96 states:

Interim Services are generally defined at 96.121 as services that are provided until an individual is admitted to a substance abuse treatment program.

- ***At a minimum interim services include counseling and education about:***
- ***HIV and TB***
- ***the risk of needle sharing***
- ***the risk of transmission to sexual partners and infants***
- ***steps that can be taken to ensure that transmission does not occur***
- ***referral for HIV or TB treatment if necessary.***

For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus as well as referral for prenatal care.

7. What services and policies does the County have in place to ensure compliance with the SAPT BG requirements to provide admission preference for perinatal and IVUD clients? (Reference: 45 CFR, Section 96.131)

Please provide for verification and review electronic copies of any policies or protocols that you use.

45CFR96 states:

(A) Priority for treatment given (in order) to:

- (1) Pregnant injecting drug users**
- (2) Pregnant substance abusers**
- (3) injecting drug users**
- (4) all other drug users.**

(B) Women's services are publicized.

(C) There are referral provisions in the event that a treatment facility has insufficient capacity to provide treatment services

(D) Interim Services are made available not later than 48 hours after a woman seeks treatment (when treatment is not available).

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PRIMARY PREVENTION

(Reference: 45CFR 96.121 and 96.121)

NOTE: The SAPT Primary Prevention Set-Aside funding is earmarked for services directed at individuals not identified to be in need of treatment.

8. Approved strategies for primary prevention include: a) Information Dissemination, b) Education, c) Alternatives, d) Problem Identification & Referral, e) Community-Based Process, and f) Environmental.
 - A. What process is used to determine which providers are funded for primary prevention services?
 - B. How does the County monitor and verify that the Primary Prevention Set-Aside funding is expended only on services directed at individuals not identified to be in need of treatment?
 - C. Please cite any barriers/challenges to complying with the terms of the Primary Prevention Set-Aside funding.
9. Per ADP Bulletin 05-04 (www.adp.ca.gov/ADPLTRS/05-04.shtml), the NNA Prevention Business Practices are being phased out and new policy was established to implement the Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF) as a systematic approach to prevention planning. The five steps of the SPF are assessment, capacity, planning, implementation, and evaluation. The bulletin identified Fiscal Year 2005/06 as the transition year and Fiscal Year 2006/07 requires mandatory use of the SPF by all counties as of July 1, 2006.
 - A. Has the County engaged in cost free technical assistance (cited in the bulletin) from Prevention by Design to assist in the transition to the SPF?
 - B. Please cite any barriers/challenges to transitioning to the SPF.
10. Per ADP Bulletin 05-06 (www.adp.ca.gov/ADPLTRS/05-06.shtml), as of July 1, 2006, CalOMS Prevention replaced PADS as the data collection tool for primary prevention services.

Please cite any recent barriers/challenges to utilizing the CalOMS Prevention data collection service.

QUARTERLY FEDERAL FINANCIAL MANAGEMENT REPORT

11. (a) What barriers, if any, has the County encountered in timely and accurate submission of the Quarterly Federal Financial Management Report (QFFMR)? (Due to ADP on 8/31, 11/30, 2/28, and 5/31)
- (b) What is the basis for the amounts submitted on the QFFMR?

PERFORMANCE MANAGEMENT BRANCH (PMB) COUNTY MONITORING CHECKLIST

12. (a) How does the County monitor its prevention and/or treatment providers for compliance with the terms of their service contract(s)?

(Reference: NNA Contract, Exhibit C, Article III, Paragraph E. 3. - ... Contractor shall monitor the activities of all subcontractors to ensure that federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of the contracts or grant agreements, and that performance goals are achieved.)

Indicate the county's monitoring method and frequency (check all that apply):

- ☐ **on-site monitoring**
- ☐ **monthly/quarterly/annual meetings (circle one)**
- ☐ **monthly/quarterly/annual reports (circle one)**
- ☐ **written monitoring tool**
- ☐ **checklist**
- ☐ **Other:** _____

(b) What action does the County take when it finds that a subcontractor is out of compliance with the terms of its contract?

Examples:

- **Plan of corrective action**
- **Follow-up w/training**
- **Technical assistance as needed**
- **Request compliance reviews**
- **Other actions**

(Reference: NNA Contract, Exhibit C, Article III, Paragraph E. 3. - ... Contractor shall monitor the activities of all subcontractors to ensure that federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of the contracts or grant agreements, and that performance goals are achieved.)

13 What procedures has the County established to ensure compliance with Exhibit B, Paragraph KK. of the NNA contract regarding religious organizations that provide alcohol and drug treatment services?

(Reference: ADP Bulletin 04-5: <http://www.adp.ca.gov/ADPLTRS/04-05.shtml>)

NNA contract, Exhibit B, Paragraph KK. Nondiscrimination and Institutional Safeguards for Religious Providers, states: **Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54 (Reference 42CFR54 at: http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr54_04.html).**

NOTE:

ADP will collect the number of referrals at the end of the fiscal year for inclusion in the SAPT Block Grant application.

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DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)

- 14 Exhibit C, Article V., Reporting Requirements, paragraph B.1 of the NNA contract requires Counties to ensure submission of DATAR information to ADP. In November 2006 the Department implemented a web-based reporting system entitled "DATARWeb."

(References: ADP Bulletin 06-12 – Drug and Alcohol Treatment Access Report (DATAR) Compliance [<http://www.adp.ca.gov/ADPLTRS/06-12.shtml>] and 45CFR96 Section 96.126)

- (a) Do your contract treatment providers submit DATAR information directly to ADP or through the County?
- (b) If providers' data is submitted directly to ADP, how do you ensure data is submitted accurately and in a timely manner?
- (c) What is the process for determining your treatment capacity?

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CONTINUUM OF SERVICES

- 15 How does the County incorporate the “Continuum of Services” model of alcohol and drug prevention and treatment services into its operations?

(NOTE: IF COUNTY STAFF ARE INTERESTED, A COPY OF MICHAEL CUNNINGHAM’S MOST RECENT PRESENTATION ON THE CONTINUUM OF SERVICES REDESIGN (COSSR) CAN BE PROVIDED VIA E-MAILED.)

NEEDS ASSESSMENT

16. a. How does the County determine the prevention and treatment needs of the diverse cultures its communities?
16. b. How does the County use this information in the planning for AOD services?

QUALITY ASSURANCE

17. How do you measure clients’ satisfaction with treatment services? Please provide an electronic copy of any surveys or questionnaires that you use.
18. How do you determine clients’ success in treatment?

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TRENDS

- 19 What AOD trends do you see developing within your County, e.g., emerging drugs of abuse, new methods of use, emerging drug-using populations, etc.?
- 20 List any non-NNA funding that your County AOD office receives for prevention and/or treatment services, e.g., as direct federal, state or local grants, foundation grants, etc.

GRANTOR	ANNUAL FUNDING AMOUNT	TERM OF FUNDING	PURPOSE/INTENDED OUTCOME

County's Questions or Comments:

County's Feedback on the Monitoring Process:

Requests or Recommendations for Technical Assistance: